



Request for Reimbursement Children of Veterans Tuition Grant Program

Issued under authority of Public Act 248 of 2005. Filing is mandatory for funding.

INSTRUCTIONS: Institutions may submit this form only after the end of the semester/term refund period. The Michigan Department of Treasury, Office of Scholarships and Grants (OSG), reserves the right to make changes based on eligibility and to deny payment based on funding. Maximum academic year billing amounts are \$2,800 for full-time, \$2,100 for three-quarter time, and \$1,400 for half-time enrollment.

Submit completed form to: Office of Scholarships and Grants, Michigan Department of Treasury, P.O. Box 30462, Lansing, MI 48909-7962, or fax to (517) 241-5835. For questions, call 1-888-447-2687.

1. Name and Address of Institution		
2. Billing Period (check one)		
<u>Billing Cycles</u>	<u>Deadline</u>	<u>No Payment After</u>
<input type="checkbox"/> 1 st (Fall)	Nov. 1	Nov. 15
<input type="checkbox"/> 2 nd (Winter/Spring)	May 1	May 15
<input type="checkbox"/> 3 rd (Summer)	Aug. 1	Aug. 15
3. Semester/Term for Which Reimbursement is Requested		
4. Academic Year for Which Reimbursement is Requested		
5. Total Number of Students (from page 2, Column A)		
6. Tuition and Mandatory Fees Invoice Total (from page 2, Column D)		

Certification		
I certify that the detailed listing of students provided on page 2 are charged to the Children of Veterans Tuition Grant Program (as summarized above) and all institutional policies and procedures and guidelines provided by the Department of Treasury for this program have been followed in determining these charges. I understand that charges over and above the limits set by the program are the responsibility of the student.		
Authorized Signature		Title
Date	Email Address	Telephone Number

Institution Name _____

A.	B.	C.	D.	E.
NAME (LAST, FIRST)	SOCIAL SECURITY NUMBER	STATUS (check one) F=full time, T=¾ time, or H=½ time	AMOUNT BILLING FOR TUITION AND MANDATORY FEES	CUMULATIVE GPA 2.25 OR ABOVE
1.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
9.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
10.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
11.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
12.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
13.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
14.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
15.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
16.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
17.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
18.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
19.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
20.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
21.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
22.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
23.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
24.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
25.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
26.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
27.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
28.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
29.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
30.		<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> H		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total. Carry total from Column C to line 6, page 1.....				